

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doc's Limo

A to Z MOVING & SERVICES, INC.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2007-457-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

~~A to Z Moving & Services, Inc.~~

Telephone: (803) 645-2572

Address:

~~897 Bent Tree Road~~
~~New Ellenton, SC 29809~~

Fax: (803) 648-5228

Other: (803) 648-5777 *Representative #*

Email: ashleyforeman@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-EF

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS E (HHG)DATE November 15, 2007

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

A to Z Moving & Services, Inc.

2. (a) Street Address of Applicant 897 Bent Tree Road

New Ellenton, SC 29809

(b) Mailing address, if different from street address _____

(c) Telephone Number (803) 645-2572 Fed ID # 26-118-7325

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business.
(b) If a corporation, names and addresses of two principal officers will be sufficient.

Ashley Foreman 897 Bent Tree Road, New Ellenton, SC 29809

Ashley Foreman 897 Bent Tree Road, New Ellenton, SC 29809

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".
(b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. household goods
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only x (b) Interstate Only _____
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide **intrastate** transportation of household goods in another state? Yes _____ No x (Check one).
If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11. Has applicant been convicted of operating with no **intrastate** household goods authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of household goods in this state or any other state?
Yes _____ No x (Check one)
If yes, list dates and nature of convictions below.

12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?
Yes _____ No x (Check one).
If yes, list dates and reason for revocation below.

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: December Year: 2007

Assets:	
Cash	3,490.00
Receivables	-0-
Real Estate NONE	-0-
Buildings and Equipment-Net NONE	-0-
Motor Vehicles-Net 2000 GMC Truck	8,500.00
Garage Equipment-Net	-0-
Machinery and Tools-Net 2 hand trucks, tools	500.00
Supplies on Hand boxes, blankets, rope	1,200.00
Prepays and Other Assets auto insurance	1,164.00
Total Assets	14,854.00
Liabilities and Equity:	
Accounts Payable GLI and Cargo Ins.	4,336.00
Notes Payable Start up expenses	13,000.00
Mortgages Payable none	-0-
Equipment Obligations none	-0-
Accrued Salaries and Wages none	-0-
Other Accrued Obligations none	-0-
Other Liabilities none	-0-
Total Liabilities	17,336.00
Capital Stock \$1.00 per share 1,000	1,000.00
Retained Earnings none	-0-
Total Equity	(1,482.00)
Total Liabilities and Equity	14,854.00

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, |

COUNTY OF AIKEN |

I, Ashley Foreman, President
 (Name of Applicant's Representative) (Title)

of A to Z Moving & Services, Inc., the Applicant for the Certificate of Public Convenience and Necessity as
 (Applicant)

set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE MEAt Aiken, South Carolina |This the 18 day of December 20 07 |

Carolyn S. Davis
 (Notary Public)

Commission Expires: 1/22/2017

Ashley Foreman
 (Signature of Applicant's Representative)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Heroby certify that:

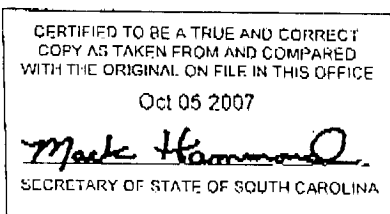
TO Z MOVING & SERVICES, INC. A, a corporation duly organized under the laws of the State of South Carolina on October 5th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina
this 5th day of October, 2007

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. It is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports: a certificate of compliance must be obtained from the Tax Commission.



STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION
FOR A
STATUTORY CLOSE CORPORATION

1. The name of the proposed corporation is A TO Z MOVING & SERVICES, INC.
2. This corporation is a statutory close corporation, pursuant to Chapter 18, Title 33 of the 1976 South Carolina Code of Laws, as amended.
3. The initial registered office of the corporation is 117 WATERLOO STREET SW

Street Address

<u>AIKEN</u>	<u>AIKEN</u>	<u>SC</u>	<u>29801</u>
<small>City</small>	<small>County</small>	<small>State</small>	<small>Zip</small>

and the initial registered agent at such address is BANKS & ASSOCIATES PC

Print Name

I hereby consent to the appointment as registered agent of the corporation:

Electronically filed on SCBOS. Signature not required.

Agent's Signature

4. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
 - a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1000
 - b. ☐ The corporation is authorized to issue more than one class of shares:

If shares are divided into two or more classes or if any class of shares is divided into series within a class, the relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

COMMON

A TO Z MOVING & SERVICES, INC.

Name of Corporation

5. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended).
-
6. Unless specified otherwise below, the transfer of shares of stock of the corporation shall be subject to the restrictions set out in Sections 33-18-110 through 33-18-130 of the 1976 South Carolina Code of Laws, as amended. Specify any variations in the statutory format in Sections 33-18-110 through 33-18-130.
7. Unless otherwise specified below, the corporation shall have a board of directors (See Sections 33-18-210 of the 1976 South Carolina Code of Laws, as amended).
- ☒ This corporation elects not to have a board of directors.
8. Check, if applicable.
- ☐ This corporation elects to have the provisions of Sections 33-18-140 through 33-18-170 of the 1976 South Carolina Code of Laws, as amended, which give the estate of a deceased shareholder the right to compel the corporation to purchase the deceased shareholder's shares apply.
Specify any variations in the statutory format in Sections 33-18-140 through 33-18-170.
9. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 33-18-330, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).
10. The name, address, and signature of each incorporator is as follows (only one is required):
- a. ARTHUR ASHLEY FOREMAN IV
Name
897 BENT TREE ROAD NEW ELLENTON SC US 29809
Address
Electronically filed on SCBOS. Refer to attached signature page.
Signature
11. I, MARSHA M. BANKS, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 2007-10-05Electronically filed on SCBOS.
Refer to attached signature page.

Signature

MARSHA M. BANKS

Type or Print Name

A TO Z MOVING & SERVICES, INC.

Name of Corporation

117 WATERLOO STREET SW

Address

AIKEN SC US 29801

803 6485777

Telephone Number

OCT-05-2007(FRI) 12:44

P. 001/009

Page 1 of 1

**Signature Page Attachment to South Carolina Business One Stop
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

Type of Filing: ARTICLES OF INCORPORATION (Statutory Close Corporation)

As Of: October 05, 2007 11:16 AM

Proposed Corporation Name:

A to Z Moving & Services, Inc.

Signature of Incorporators (only one is required):

Arthur Ashley Foreman IV

Name

Signature

897 Bent Tree Road, NEW ELLENTON, SC 29809

Address

Signature of Attorney:

I, Marsha M. Banks, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

October 5, 2007
Date

Marsha M. Banks

Name

Marsha M. Banks
Signature

117 Waterloo Street SW, AIKEN, SC 29801

Address

(803) 648-5777

Telephone Number

Fax or e-mail your completed forms to:

SC Secretary of State
(803) 734-1610
SCSOS1@InfoAve.Net

(Please e-mail signature forms in the following file
formats only: Adobe .PDF, .GIF, or .JPEG
extensions.)

CLASS E
EXHIBIT A

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649
COLUMBIA, SC 29211

A to Z Moving & Services, Inc.

(APPLICANT)

897 Bent Tree Road, New Ellenton, SC 29809

(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

2 movers load/unload \$75.00 hr., 2 hr. min.

2 movers with truck \$80.00 hr., 2 hr. min.

\$40 per hr. each additional mover

Rates are port to port

Travel time applies if long distance

CLASS E
EXHIBIT C

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649
Columbia, South Carolina 29211

A to Z Moving & Services, Inc.

(Name)

897 Bent Tree Road, New Ellenton, SC 29809

(Address)

Over Irregular Routes:

Commodities to be Transported:

Household Goods, As Defined in R. 103-210(1):

Area to be Served: (List counties in detail)

Aiken County, Lexington County
Barnwell County

Date:

12/18/07

A to Z Moving & Services, Inc.

(Applicant)

Ashley Foreman

By **ASHLEY FOREMAN**

PRESIDENT

Title

Rev. 12/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

- Seats if passenger carrier or tonnage if freight carrier.

Date: 12-17-07

A to Z Moving & Services, Inc.

(Applicant)

(Applicant's Representative)

PRESIDENT

(Title)

INSURANCE QUOTE

The following insurance quote is for:

A to Z Moving & Services, Inc.
(Name of Motor Carrier)

897 Bent Tree Road, New Ellenton, SC 29809
(Address of Motor Carrier)

Amount of Premium:**Limits Quoted (See Below):**

Liability Insurance	\$ <u>3,941.00</u>	Limits	<u>750,000/100,000/1,000,000</u> ^{100,000 UM, 100,000 UIM}
Cargo Insurance	\$ <u>878.00</u>	Limits	<u>50,000.00</u>

* Attach Certificate of Insurance if available.

STRATFORD INSURANCE CO.

c/o SOUTHERN RISK, LLC
(Insurance Company Name)

P.O. BOX 2576, SUMTER, SC 29150
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12-17-07

Date

Thomas L. Hall, Jr.

(Authorized Insurance Company Representative)

*** Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). Please refer to Regulation Nos. 103-172; 103-173 for Schedule of Minimum Limits. Transportation regulations are accessible on the ORS website (regulatorystaff.sc.gov).

S.C. DOCUMENT OF REGISTRATION
S.C. DEPARTMENT OF MOTOR VEHICLES

MARCIA S. ADAMS
EXECUTIVE DIRECTOR

PLATE NUMBER P387497
PLATE CLASS TR
ISSUE DATE 10/10/2007
PLATE EXP. 10/2009
DECAL EXP. 10/2008
VIN 1GDJ7H1D3YJ904507
YEAR 2000
MAKE GMC
BODY TK
MODEL TC7H
VEHICLE TYPE 5
EMPTY / GVW 9860 / 26000

TITLE 770020182456036
EQUIPMENT NO.
COUNTY 2
VEHICLE NO. 17300690
FLEET NUMBER

CUSTOMER NO. 31661236
A TO Z MOVING & SERVICES INC.

897 BENT TREE RD
NEW ELLENTON

SC 298093644

81735234

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
2007-79	P380497
DATE	11/13/07

MOTOR CARRIER OPERATOR <i>A to Z Moving & Storage</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>PAUL YOUNGERS</i>
ADDRESS <i>897 Bent Tree Rd.</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 398.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>New Ellenton SC 29809</i>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>1HDT7H103VJ9D4507</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION OF INSPECTION <i>Mundys Outback Trucking</i>

VEHICLE COMPONENTS INSPECTED

OK	REPAIRED DATE	ITEM	OK	REPAIRED DATE	ITEM	OK	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>		1. BRAKE SYSTEM	<input checked="" type="checkbox"/>		4. FUEL SYSTEM	<input checked="" type="checkbox"/>		9. FRAME
<input checked="" type="checkbox"/>		a. Service Brakes	<input checked="" type="checkbox"/>		a. Visible leak	<input checked="" type="checkbox"/>		a. Frame Members
<input checked="" type="checkbox"/>		b. Parking Brake System	<input checked="" type="checkbox"/>		b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>		b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>		c. Brake Drums or Rotors	<input checked="" type="checkbox"/>		c. Fuel tank securely attached	<input checked="" type="checkbox"/>		c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>		d. Brake Hose	<input checked="" type="checkbox"/>		5. LIGHTING DEVICES	<input checked="" type="checkbox"/>		10. TIRES
<input checked="" type="checkbox"/>		e. Brake Tubing	<input checked="" type="checkbox"/>		All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>		a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>		f. Low Pressure Warning Device	<input checked="" type="checkbox"/>		6. SAFE LOADING	<input checked="" type="checkbox"/>		b. All other tires.
<input checked="" type="checkbox"/>		g. Tractor Protection Valve	<input checked="" type="checkbox"/>		a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>		11. WHEELS AND RIMS
<input checked="" type="checkbox"/>		h. Air Compressor	<input checked="" type="checkbox"/>		b. Protection against shifting cargo	<input checked="" type="checkbox"/>		a. Lock or Side Ring
<input checked="" type="checkbox"/>		i. Electric Brakes	<input checked="" type="checkbox"/>		7. STEERING MECHANISM	<input checked="" type="checkbox"/>		b. Wheels and Rims
<input checked="" type="checkbox"/>		j. Hydraulic Brakes	<input checked="" type="checkbox"/>		a. Steering Wheel Free Play	<input checked="" type="checkbox"/>		c. Fasteners
<input checked="" type="checkbox"/>		k. Vacuum Systems	<input checked="" type="checkbox"/>		b. Steering Column	<input checked="" type="checkbox"/>		d. Welds
<input checked="" type="checkbox"/>		2. COUPLING DEVICES	<input checked="" type="checkbox"/>		c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>		12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>		a. Fifth Wheels	<input checked="" type="checkbox"/>		d. Steering Gear Box	<input checked="" type="checkbox"/>		Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
<input checked="" type="checkbox"/>		b. Pintle Hooks	<input checked="" type="checkbox"/>		e. Pitman Arm	<input checked="" type="checkbox"/>		13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>		c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>		f. Power Steering	<input checked="" type="checkbox"/>		Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>		d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>		g. Ball and Socket Joints	<input checked="" type="checkbox"/>		List any other condition which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>		e. Safety Devices	<input checked="" type="checkbox"/>		h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		f. Saddle-Mounts	<input checked="" type="checkbox"/>		i. Nuts	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>		j. Steering System	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>		8. SUSPENSION	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>		a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>		b. Spring Assembly	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		c. Torque, Radius or Tracking Components.	<input checked="" type="checkbox"/>		

EXHIBIT FWA**Name:** A to Z Moving & Services, Inc.**Address:** 897 Bent Tree Road, New Ellenton, SC 29809**Telephone No.** (803) 645-2572 **Fax No.** (803) 652-2255**U.S.D.O.T. No.** _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No x Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No x

3. Are there currently any outstanding judgement(s) against Applicant?

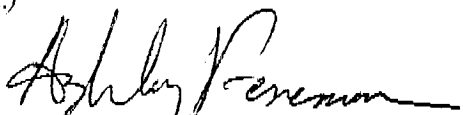
Yes _____ No x

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes x No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes x No _____*(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)*

(Applicant's Signature)

Sworn to before me

At Aiken, South CarolinaThis 18 day of Dec., 2007

(Notary Public)

Commission Expires: 1/22/2017

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

A to Z Moving & Services, Inc.
(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX

☒ YES

☐ NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX

☒ YES

☐ NOT APPLICABLE

APPLICANT'S OATH

I, Ashley Foreman, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

at Aiken, SC

this day of Dec, 2007

Carolyn Davis

Notary Public

MY COMMISSION EXPIRES: 1/22/2017

Ashley Foreman
Signature of Applicant
(Not Legal Representative)

BANKS & ASSOCIATES PC
MARSHA M. BANKS
ATTORNEY AT LAW
117 Waterloo Street SW
Aiken, SC 29801

PHONE: (803) 648-5777
FAX: (803) 648-5228

FAX TRANSMISSION

TO: Public Service Commission
FROM: Banks & Associates
DATE: 12/18 TIME: 9:25 PAGES: 18
NAME OF CASE: _____
MATTER NO: _____
FAX NO: 803-896-5149

MESSAGE: _____

A to Z Moving & Services, Inc.Application - Class E Household Goods

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